

STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS

633 17th Street, Suite 1300, Denver, CO 80202 Fax: (303) 866-5909
1259 Lake Plaza Drive, Suite 210, Colo. Springs, CO 80906 Fax: (719) 576-2978
222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341

Claimant,

vs.

Employer, and

Respondent.

▲ COURT USE ONLY ▲

WC NUMBER:

DATE OF INJURY:

APPLICATION FOR EXPEDITED HEARING
ONE-TIME CHANGE OF AUTHORIZED TREATING PHYSICIAN

An Expedited Hearing is requested pursuant to Rule 8-5(C), Workers' Compensation Rules of Procedure (check all that apply):

Claimant has requested a one-time change of physician (attach a copy of the notice);

Insurer has provided a written objection within 7 business days of the request (attach a copy of the written objection);

There exists a factual dispute requiring a hearing. (state below the factual dispute(s) that exist).

The opposing party may file a response to this Application for Expedited Hearing within 10 days of the mailing or delivery of this Application for Expedited Hearing.

Witnesses to be called at the hearing or by deposition: List names and addresses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(Attach additional pages if necessary)

If space is available as determined by OAC, the parties have conferred and request the following date and time for this hearing:

Date: _____ Time: _____

The Office of Administrative Courts to set this case for hearing and will send notice to the parties.

Signature:

X

Signature

Street Address

Print/Type Name

City, State, Zip Code

Attorney Registration Number

Phone Number

Fax Number
(Optional)

E-Mail Address: (Failure to provide an e-mail address may
result in delay in receipt of any procedural or final order)

Date

Certificate of Mailing

I hereby certify that I mailed or delivered the original of the Application for Hearing and Notice to Set to:

Office of Administrative Courts
633 17th Street, Suite 1300
Denver, CO 80202

Office of Administrative Courts
1259 Lake Plaza Dr., Suite 210
Colorado Springs, CO 80906

Office of Administrative Courts
222 South 6th Street, Suite 414
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Claimant/Respondent or their Representative: _____

Employer or their Representative: _____

Other: _____

Signature

Date Mailed

REV 02/08